Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>I1-01-10</u>	Address:	<u>7766 E High</u> bridge RD	
Case #:	53 <u>F2246</u> 6		Waveland IN	
County;	<u>Parke</u>		479 <u>89</u>	
☐ Operation	aboratory Scizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: field				
Water Reactive Metal (Lithium); garage				
☐ Hydrochloric Acid Gas Generator(s): field				
Corrosive Acid: <u>field</u>				
Corrosive Base:				
Other (item and location);				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:Parke Co	
This report is to be faxed to the following agencies that serve the location:				
Fire Depart	ment: Waveland	Fax: 765-435-2261 Fax: 765-569-4061		
Health Department; Parke Co		Fax: <u>765-5</u>		
Child Prote	ction Service:			
For further information regarding this methaniphetamine laboratory, contact Investigating Officer: <u>James Minton</u> Phone <u>765-653-41</u> 14				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing,

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.